

Orthopedic Surgery Discharge Summary

PATIENT DETAILS

Name _____
Age / Sex _____
Hospital Number _____
Date of Admission _____
Date of Discharge _____
Consultant _____

DIAGNOSIS

SURGICAL PROCEDURE

OPERATIVE FINDINGS

HOSPITAL COURSE

DISCHARGE MEDICATIONS

DISCHARGE INSTRUCTIONS

FOLLOW-UP APPOINTMENT

Date: _____ | Clinic: _____

PREPARED BY

Name _____
Designation _____
Signature / Date _____